

1.0 INTRODUCTION

1.1 Executive Summary

Each VA Health Care Facility (VAHCF) must prepare a patient-focused contingency plan to minimize any disruptions to patient care activities caused by the possibility of Year 2000 date-related problems. These plans should be developed and in place as soon as possible since there are many dates which could trigger a failure of a system or individual equipment. VAHCF management needs to organize these plans and provide the resources necessary to assure the transition to the new century. The need for VA facilities to prepare a patient-focused contingency plan was clearly articulated by the Deputy Secretary in his December 10, 1998 memorandum to the Under Secretary for Health where he specified that each health care facility must have Year 2000 contingency plans in place by April 1999 (See Appendix A).

VA is not alone in being susceptible to potential disruptions in operations due to Year 2000 date-related system failures. Vulnerabilities to the Year 2000 problem permeate government agencies and business institutions creating a situation where large-scale interruptions in key community services could occur. The Year 2000 problem is unique in that traditional contingency plans and back-up systems may be affected by the same date-related problem(s) as the primary systems – thus, rendering all of them inadequate. Therefore, the Year 2000 problem requires a review of current contingency plans to safeguard continuity of operations.

The format and basic structure of a Year 2000 patient-focused contingency plan should be based upon each VAHCF's Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) mandated emergency preparedness plan for internal and external disasters. These basics need to be refined into a specific plan addressing Year 2000 issues. As outlined below, it is possible that multiple failures could occur, each requiring a different response. Internal VAHCF problems as well as concurrent external failures are conceivable and require proactive and extensive planning and preparations.

This guidebook was developed to assist each VAHCF in preparing for continuity of operations before, during, and after the changing of the century. This guidebook was developed by VA staff and consultants who have extensive experience in contingency planning in general, and Year 2000 readiness in particular. The expert teams assembled to produce this guidebook are VISN and VAHCF staff members who actually play key roles in VA Year 2000 preparations.

This guidebook contains extensive examples of plans, policies, contingencies and solutions for problems that every VAHCF must face. The entire guidebook, including all examples, have been developed in Microsoft Word and will be provided on compact disc (CD) for ease of modifying and adapting the guidebook to the unique circumstances of each VAHCF. Providing the CD will reduce or avoid costs that could be incurred by short timelines and duplication of efforts.

Since Year 2000 readiness is also a senior management challenge, this guidebook was written for the upper level management and provides a step-by-step process to develop policies and tracking mechanisms to plan, develop and implement a patient-focused Year 2000 contingency plan. Numerous examples have been included to facilitate the process.

Since this guidebook was developed to meet JCAHO and General Accounting Office (GAO) requirements, following the procedures as outlined in the Guidebook will not only produce a

compliant contingency plan, it will greatly aid in documenting due diligence and reduce the health care facility's liability by minimizing the probability of adverse Year 2000 events.

As with all disaster and contingency plans, it is hoped that they will never be needed. This does not provide justification for not having a plan in place, or for development of a plan which does not involve the entire health care facility.

1.1.1 Scope

This document provides basic guidance for Year 2000 contingency planning for VA facilities that provide patient care, including health care facilities, outpatient clinics, nursing homes and veteran outreach centers. Network Offices and VA Headquarters will find this guidebook useful in assuring that VA health care facilities under their jurisdiction develop and implement contingency plans for the Year 2000. Although the Guidebook is targeted for the complexity of a tertiary care health care facility, it could also be applied in a scaled-down manner to VA outpatient clinics, nursing homes or veteran outreach centers.

1.1.2 Purpose

This plan provides guidance to VA Health Care Facilities or Health Care Systems in the identification and modification of existing contingency planning efforts. If no applicable plan exists, this Guidebook provides assistance for the creation of new, effective and executable contingency and continuity of operations plans to ensure the health care facility will continue to meet its critical mission in light of potential Year 2000 impacts. All managers must ensure that workable contingency and continuity of operations plans are in place for all mission-critical functions and processes that focus on the patient.

1.1.3 Strategy

There are four key elements to the Veterans Health Administration Patient-Focused Year 2000 Contingency Plan:

- Leverage existing contingency or disaster recovery plans as much as possible. It is not necessary to completely rewrite existing plans to conform to this Year 2000 format.
- Build a layered defense by developing plans to protect both mission-critical systems and mission-critical functions. Contingency plans are required for mission-critical systems (*VISTA* and VHA corporate systems), as well as functions (medical devices, facility systems, telecommunications and automated information systems) to prepare for anticipated and unanticipated Year 2000 failures, degradations or disruptions. For devices that cannot be tested for Year 2000 compliance, contingency planning may be the only effective method of decreasing potential mission-degrading damages.
- All Year 2000 contingencies should use a common framework that incorporates four separate process components: **Planning, Preparation, Execution and Recovery**.
- Contingency plans should be tested, validated and reviewed regularly. Assumptions for mission critical scenarios may change, and contingency plans must be revisited regularly to reflect changes. **Note:** Any assumptions should be clearly stated up front as part of the management plan of any contingency plan or continuity of operations plans.

1.2 Acknowledgements

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We would also like to express thanks for the efforts of the Management of the Patient-Focused Year 2000 Contingency Plan Task Force who developed this guidebook and the support provided by management at their respective facilities.

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1.3 How to Use this Guidebook

This guidebook contains a step-by-step procedure for creating a contingency plan as well as schedules and numerous examples to make this process the least burdensome to VA health care facility staff, while producing a contingency plan that meets JCAHO and GAO requirements.

There are nine steps to produce the needed patient-focused contingency plan. Each of these nine steps is fully explained and examples provided to help VA health care facility staff through each step. These nine steps are an extension of the normal ongoing activities of the JCAHO mandated internal and external disaster planning process. A comprehensive and up-to-date internal and external disaster plan is essential. These nine steps are described in detail in section 2.1, Internal Operations.

This guidebook is divided into five sections. **Section 1.0, Introduction**, written for the health care facility's top management, delineates the need for VA health care facilities to develop Year 2000 contingency plans and provides an overview of the guidebook. The target audience of **Section 2.0, Operations** is the Health Care Associate Director or equivalent. This section is divided into three parts. Part One, Internal Operations, provides a step-by-step method for developing a contingency plan for a health care facility. Part Two, External Operations, addresses contingency planning as it relates to the community. Part Three is a schedule of critical events that are to occur leading up to the end of the century. **Section 3.0, Technical** contains detailed planning documents for each of the four technical areas that will be most affected by the Year 2000 problem—Facilities, Medical Devices, Telecommunications, and Automated Information Systems. **Section 4.0** contains a series of sample templates with instructions for Functional Units of a typical VA health care facility. **Section 5.0, Training and Drills**, provides guidelines for training staff on their roles and responsibilities and on conducting Year 2000 drills.

1.3.1 Year 2000 Issues Beyond the Scope of this Guidebook

The Year 2000 problem cuts across almost all business systems in our society. The intent of this guide is to avoid and minimize the impact of Year 2000 failures on patient care. There are a number of issues that have Year 2000 implications that are beyond the scope of this Guidebook. Although these issues are not directly related to the core operations of a VA health care facility, health care facility management needs to consider the implications of these Year 2000 issues. These issues include:

- **Public Affairs** - Public Affairs will need to develop a strategy of dealing with inquiries from the press and a communication plan for informing the local media of on-going health care facility efforts to mitigate potential Year 2000 problems that could affect the facility.
- **Medical Care Cost Fund (MCCF)** - MCCF collections may be adversely affected due to Year 2000-related problems with payers (insurance companies).
- **Stakeholder Involvement** – Contacting key stakeholders including employee representatives is critical to successful contingency planning. This guidebook provides some recommendations on whom to contact and when, but the specifics are beyond the scope of this document.

1.4 CD-ROM Instructions

The enclosed CD-ROM has an on-line version of the Patient-Focused Year 2000 Contingency Planning Guidebook. You can view these files directly from the CD-ROM with no installation, or copy them to your hard drive. They can be viewed under Windows 3.1, Windows 95 or Windows NT with Adobe Acrobat Reader.

The CD-ROM contains the following files:

Year2000.pdf	An overview of the Patient-Focused Year 2000 Contingency Planning Guidebook containing links to all of the sections in the book including viewable documents, spreadsheets, charts, and checklists.
Pdfdata directory/folder	Contains the entire guidebook in pdf format.
Template directory/folder	Contains the sample Functional Unit Templates that appear in the guidebook that can be modified to fit each facility's needs. These files were produced using MSWord for Windows version 6.0 and Windows 95 operating system. They can be copied to your hard drive for editing.
Docdata directory/folder	Contains the sample documents that appear in the guidebook (excluding the Functional Unit Templates). They can be copied to your hard drive for editing.
Reader (16 or 32)	Contains Adobe Acrobat Reader for 16 or 32 bit machines.